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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/821,584 | 04/09/2004 | Terrance P. Snutch | 381092000623 |

25225
 MORRISON & FOERSTER LLP
 3811 VALLEY CENTRE DRIVE
 SUITE 500
 SAN DIEGO, CA 92130-2332

CONFIRMATION NO. 1902
FORMALITIES LETTER



OC000000013066774

Date Mailed: 06/25/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$65** for a Small Entity

- **\$65** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
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08/31/2004 FFANAIAR 00000079 031952 10821584
 01 FC:2051 65.00 DA

*A copy of this notice **MUST** be returned with the reply.*



Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

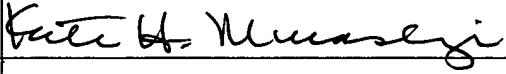
(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|--------------------|
| | | Application Number | 10/821,584 |
| | | Filing Date | April 9, 2004 |
| | | First Named Inventor | Terrance P. SNUTCH |
| | | Art Unit | 1614 |
| | | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number | 381092000623 |

ENCLOSURES (Check all that apply)

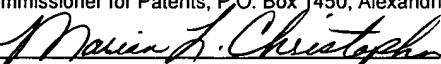
| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | 1. Declaration for Patent Application (4 pages) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | 2. Copy of Notice to file Missing Parts (2 pages) |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | 3. Return Receipt Postcard |
| <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Remarks | |
| <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | Customer No. 25225 |

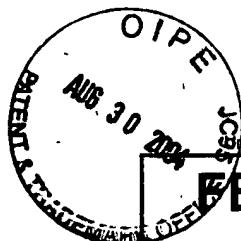
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | MORRISON & FOERSTER LLP Kate H. Murashige - 29,959 |
| Signature |  |
| Date | August 25, 2004 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 25, 2004

Signature:  (Marian L. Christopher)



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FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 65.00)

Attorney Docket No. 381092000623

| METHOD OF PAYMENT (check all that apply) | | | | | FEE CALCULATION (continued) | | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------|--|-----------------------------|----------|----------|----------|---|----------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other | <input type="checkbox"/> None | 3. ADDITIONAL FEES | | | | | |
| <input checked="" type="checkbox"/> Deposit Account: | | | | | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
| Deposit Account Number 03-1952 | | | | | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | 65.00 |
| Deposit Account Name Morrison & Foerster LLP | | | | | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| The Director is authorized to: (check all that apply) | | | | | 1053 | 130 | 1053 | 130 | Non-English specification | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | | | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| FEE CALCULATION | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | |
| Large Entity | | Small Entity | | Fee Description | | Fee Paid | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | |
| 1001 | 770 | 2001 | 385 | Utility filing fee | | | | | | |
| 1002 | 340 | 2002 | 170 | Design filing fee | | | | | | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | | | | | | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | | | | | | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | | | | | | |
| SUBTOTAL (1) (\$) | | | | 0.00 | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | |
| Total Claims | | 20 | -20** = 0 | Extra Claims | Fee from below | Fee Paid | | | | |
| Independent Claims | | 3 | -3** = 0 | x | | | | | | |
| Multiple Dependent | | | | x | | | | | | |
| Large Entity | | Small Entity | | Fee Description | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | | | | | |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 | | | | | | |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid | | | | | | |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent | | | | | | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | | | | | | |
| SUBTOTAL (2) (\$) | | | | 0.00 | | | | | | |
| *Reduced by Basic Filing Fee Paid | | | | | | | | | | |
| SUBTOTAL (3) (\$) | | | | 65.00 | | | | | | |

** or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY (Complete if applicable) | | | | | |
|---------------------------------------|--------------------------|--|-----------------------------------|-----------------|--------------------------|
| Name (Print/Type) | Kate H. Murashige | | Registration No. (Attorney/Agent) | 29,959 | Telephone (858) 720-5112 |
| Signature | <i>Kate H. Murashige</i> | | Date | August 25, 2004 | |